

<input type="button" value="Print"/>
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TSS QAS REVIEW SHEET  
**Application Number:** Cluster Date:  
**Review Type:** Issue Revision Tech Center:  
**Total applicable points:** 0 **Total points earned:** 0

**Issue Processing**  
 Yes  No  N/A 7  
 Yes  No  N/A 13

**TSS QAS:**  
**LIE:**  
**Error Score:** N/A

### **JACKET / ISSUE CLASSIFICATION SHEET**

Primary Examiner box complete

Issuing Classification complete

### **PTO-892/1449**

Examiner's initials or cross-through lines supplied for each item cited by applicant

Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required)

### **SPECIFICATION**

Brief description of drawings includes description of each figure in drawings

Continuing data mentioned in 1st paragraph (can be an insert)

### **CLAIMS**

Claims listed on Notice of Allowability match allowed claims and/or index of claims

Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies)

One sheet of complete claims

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15

### **RAM FEES**

Amount Actually Charged  Amount That Should Have Been Charged

Applicable Fees

Examiner's amendment

CRFE-COMPUTER READABLE FORM

If necessary (biological sequence listing)

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	15
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	13

### **TITLE (design only)**

The title of the application matches the claim.

Comments: